

**FEC Conference Registration
San Diego, October 25-26, 2011**



Name: _____
Position: _____
Organization: _____
Address: _____
City / State / Zip: _____
Telephone Number: _____ Email Address: _____
Fax Number: _____ Years of Federal Campaign Finance Law Experience: _____
Special Requests / Dietary Needs: _____

☐ Please check here if you are attending this conference to comply with an ADR settlement or other FEC enforcement agreement.

Breakout Selections:

October 25: Morning Breakout (Choose one)

- ☐ Option A1: Getting Started: Basics for Beginners
☐ Option A2: Legal Issues—Recent Developments in Federal Campaign Finance Law (Advanced; Repeated on Day 2)

October 25-26: Committee Operations (Choose the organization you represent)

- ☐ Option B1: House / Senate Campaigns
☐ Option B2: Political Party Committees
☐ Option B3: Corporate / Labor / Trade PACs

October 26: Morning Breakout (Choose one)

- ☐ Option C1: Best Practices for FEC Compliance
☐ Option C2: Corporate / Labor / Trade Communications after *Citizens United*

October 26: Afternoon Breakout (Choose one)

- ☐ Option D1: Using Corporate / Labor / Trade Facilities and Resources
☐ Option D2: Legal Issues—Recent Developments in Federal Campaign Finance Law (Repeat)

Payment:

Mail registration form and fee (\$525 per attendee, which includes a \$25 nonrefundable transaction fee) to Sylvester Management Corporation, P.O. Box 986, Irmo, SC 29063. A late charge of \$50 will be added for registrations received after 5 p.m. EDT, September 23, 2011. A full refund will be made for all cancellations received before that date and time. If paying by check, please make check payable to Sylvester Management Corporation; note *FEC 2011 San Diego Conference* on the memo line. Credit card payments will appear on your statement as paid to Sylvester Management Corporation. For credit card payments, please complete the information below:

I authorize payment using my credit card: ☐ Visa ☐ Mastercard ☐ Discover Card ☐ American Express

Card Number: _____ Expiration Date: _____

Signature of Cardholder: _____ 3 or 4-digit Security / VCode (on back of card) _____

Billing address: _____

City / State / Zip: _____ Email: _____

To register by fax, please submit the completed registration form and credit card payment information to (803) 732-0135.
To register online, visit <http://www.cvent.com/d/2cqnr>.

Print Form